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The Emerging Role of Nursing in the Care of the Patients with Lung Cancer

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Abstract: *Lung Cancer is the second leading cause of death in women and the leading cause of death for men worldwide. Nurses are an important part of the workforce; Saudi Arabia is facing huge nursing workforce shortages with a majority of the workforce being expatriate nurses. The overall aim of this study was to examine the emerging role of nurses caring for patients with Lung Cancer in Saudi Arabia. This study employed an interpretive descriptive method and involved data collected using semi-structured face-to-face interviews. Ethics approval for the study was obtained from the general directorate for research and studies, the Ministry of Health, Kingdom of Saudi Arabia (RS-MOH), and Monash University Human Research Ethics Committee (MUHREC). Nurses adopt a holistic approach in the care of Lung Cancer patients. This is in recognition that humans are complex multi-dimensional beings with rational and irrational thoughts, physical differences, diverse mental and the spiritual characteristics. In this study female patients were reported to be more flexible than male patients in their receptiveness to information and advice offered by nurses. of the nurse caring for patients with Lung Cancer. Education of patients and education of nurses were identified as two main findings. Nurses in the KSA have taken a proactive approach to the education of patients and their families (caregivers) in response to evidence supporting the need for an emerging role providing holistic care.*

Keywords*: Emerging role; Nursing care; Lung cancer; Saudi Arabia; qualitative method.*

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I. Introduction

According to the World Health Organization, one of the leading causes of death worldwide is Cancer (WHO, 2014). By 2030, there will be approximately 21.4 million new patients diagnosed annually with Cancer (Jemal et al., 2011). Concerning deaths and new cases, Lung Cancer is the most common Cancer globally (Ferlay et al., 2014). Lung Cancer is considered to be the second leading cause of death in women and the leading cause in men worldwide. There were an estimated 1.8 million new cases of Lung Cancer in 2012, accounting for a mortality rate of approximately 90% and nearly 13% of total Cancer diagnosis (American Cancer Society: Global Cancer Facts and Figures (ed 3. Atlanta, GA, American Cancer Society, 2015). In about 70% of cases, the disease is advanced on first presentation of patients with Lung Cancer (Travis, Brambilla, &Riely, 2013). Multiple coexisting symptoms, the most common being depression, anxiety, anorexia, pain, fatigue, cough and dyspnea, are frequently experienced by patients with Lung Cancer (Tishelman, Petersson, Degner, &Sprangers, 2007; Zabora, BrintzenhofeSzoc, Curbow, Hooker &Piantadosi, 2001).The psychosocial concerns experienced by Lung Cancer patients may increase significantly by treatment-related side effects such as fatigue (Eustache, Jibb& Grossman, 2014; Lehto, 2011; Missel et al., 2015; Tran et al., 2014). A study of 252 patients with Lung, Colon, Breast, or prostate Cancer found that the fatigue associated with diagnosis and treatment limited the participants' ability to Socialise, function, and take part in fun activities (Borneman et al., 2012). The study's major strength emanates from the large sample used, though its qualitative nature limits its generalisability. Other problems associated with Lung Cancer include disrupted sleep patterns, insomnia, anorexia, dyspnea, and pain (Dickerson et al., 2012; Serena et al., 2015). Despite the remarkable incidence of physical and psychological distress amongst Lung Cancer patients, health professionals provide little or no informational and psychological support to patients (Spichiger et al., 2012). Physical and psychological distress implies that Lung Cancer substantially affects patients' quality of life (Hanks et al., 2011; Yildirim, Cicek&Uyar, 2008). This is particularly true for patients with advanced lung Cancer. In the following longitudinal study, which involved interviews with 80 patients with stage IIIb or stage IV Lung Cancer, Hermann & Looney (2011) established that the distress and depression associated with the condition significantly influenced their quality of life. In particular, due to the uncontrollable nature of symptoms at advanced stages of the disease as well as symptom distress, patients experience reduced functional status and emotional suffering, which affects virtually all areas of their life. A major weakness of Hermann's & Looney's (2011) study was the high participant attrition. In fact, 50% of the participants died prior to the final round of

data collection. This may have affected the magnitude of scores for quality of life. Nonetheless, the study adds valuable knowledge to the area under investigation.The literature demonstrates that nurses can play a major role in the care of patients with Lung Cancer across various points of the care trajectory, including screening and initial assessment, diagnosis, hospitalisation, treatment, and post-treatment follow-up.

In the following study, which involved semi-structured interviews with six lung Cancer nurse specialists [LCNS] as well as observations of 60 members and coordinators of a Lung Cancer multidisciplinary team from a UK setting. Tod et al. (2015) found that LCNSs can play an instrumental role in increasing access to treatment for Lung Cancer patients. The study particularly found that LCNSs can enhance patient access to treatment via information provision, psychological support, being present throughout the care pathway, serving as the center of the multidisciplinary team, and improve holistic patient care.Since a Lung Cancer diagnosis affects not only the patient but also their family and loved ones, nurses also have an important role to play in supporting family caregivers throughout the care trajectory. In a longitudinal study of 163 family members and friends identified by patients with Lung Cancer as their caregivers, Grant et al. (2013) found that participants suffered from psychological distress, caregiver burden, and lack of preparedness. The participants were negatively affected in their psychological, physical, functional, social, and spiritual wellbeing, as well as quality of life by the burden of providing care to the patient. This indicates a need for greater attention by healthcare providers, especially oncology nurses.Several studies have examined the role of nurses in patient counselling, with few studies being published involving Middle East countries including KSA. The majority of studies involved western countries. The nurse's role involves the case management of patients with Lung Cancer and has been identified as a gap in the literature. To improve the standards of nursing care, this study will act as an initiative for the evaluation of the needs of Saudi oncology departments. This study will, therefore, resolve the obstacles that may influence the efficiency of the nursing care within the Saudi community, and this study will regulate the efforts of health institutions. For further improvement in in-service education in hospitals, as well as nursing curriculum for postgraduate and undergraduate nursing programs, this study gives necessary evidence-based data. To improve the standards of Cancer patients, this study proposes important areas for future research. The modifications in regulations and healthcare institutional practices concerning the care of Cancer patients are recommended at the end of this study. Annually, the incidence rate of patients with Lung Cancer is increasing significantly in Saudi Arabia. After the identification of disease, Lung Cancer patients have to go through numerous procedures and interferences(Al-Homayan, Shamsudin&Subramaniam, 2013; Gately, Al-Yousef & Al-Sheikh, 2012;).Predictably, these patients feel lost and worried. There is an evolving scope for trained nursing staff in this situation requiring adequate guidance, combination and assistance to deliver high quality care. Therefore, the need for trained Cancer care specialist and nursing staff has been identified by MOH, as patients with Lung Cancer deserve evidence-based nursing so that they may be able to make proper decisions for treatment (Al-Amri, 2010; Halligan, 2006; Younge et al., 1997).KSA is located in the farthest western corner of Asia and is the largest country of the Arabian Peninsula (Aldossary, While &Barriball, 2008; Almalki, Fitzgerald & Clark, 2011). The total area of KSA is 2,240,000 square metres and covers four-fifths of the land area of peninsula. There are 13 administrative regions which are directly ruled by the central government in the capital, Riyadh city, and is a kingdom country. The region includes 20% non-Saudi temporary residents, with a total population of KSA is 27 million (Central Department of Statistics & Information, 2011). 10% of Saudis have Afro-Asian origins, whereas 90% are of Saudi origin (Ministry of Labour, 2013).

II. Material And Methods

The aim of this study was to scope the role of nurses' in the case management of care needs for patients with Lung Cancer in Saudi Arabia.

Study Design: An interpretive description qualitative method has been used in this study as a research design that embraces semi-structured, face-to-face interviews. The interpretive descriptive approach was employed in an interview style to produce reliable and accurate disciplinary information (Braun & Clarke, 2012; Broussard, 2006; Cope, 2014; Thorne, 2008).

Study Setting: This study was carried out under the Ministry of Health, conducted at King AbdulAziz Hospital (KAAH). The hospital is located in the west of the Kingdom of Saudi Arabia (KSA), south of Jeddah city. This hospital was established in 2001 and has around a five hundred bed capacity. It has modern and technological instruments which can be easily used to assist patients (King AbdulAziz Hospital, 2015).

Participants/Population: A convenience sampling was used with seven registered nurses working in the oncology department. All participants attended the interview voluntarily. The sample collection was conducted with the following 'inclusion' and 'exclusion' criteria.

Inclusion criteria:

1. Registered nurses.

2. Nurses speaking English language.
3. All ages were included.
4. Nurses working in oncology department for at least one year.

Exclusion criteria:

1. Pregnant women Nurses working in any department other than oncology.
2. Non registered nurses and other disciplinary team member.
3. Nurses who were unable to speak English.

Procedures:

The researcher in this study discussed the aim of the study, and potential outcome with the oncology department's coordinator and head nurse. The research was coordinated with the head nurse, especially as to how the data should be collected, and the appropriate time to conduct the interviews. The advertising flyer was posted one week before the data collection in the oncology department. Informed consent was also gained using a paper-based consent form and signed by each participant. Semi-structured interviews were employed to achieve detailed information concerning the responsibility of nurses. The researcher conducted the interviews with seven registered nurses. Every interview was recorded using a smart phone; additionally, a timer was set up for approximately 35 minutes. Participants who willingly decided to take part in interviews were informed at the beginning of the interviews that they can withdraw at any moment during the interview. The interview took place within the oncology department classroom and was a calm and convenient environment. The period of the gathering data was about four weeks.It began during the end of June 2016 and eight weeks were used to enter data. The final report was transcribed. The interviews comprised six major open-ended questions; sub-questions followed each major question. This study was approved by (1) the general directorate for research and studies, the Ministry of Health, Kingdom of Saudi Arabia (RS-MOH), see (Appendix A) and (2) Monash University Human Research Ethics Committee (MUHREC), see (Appendix B). Informed consent was distributed to all participants before conducting an interview, see (Appendix C).

Data Analysis

This study used thematic analysis as it is a common method applied to examine qualitative investigation (Braun & Clarke, 2012). Six-step methods designed by Braun and Clarke (2006) were employed by the researcher in this study: becoming conversant in the information, creating original codes, creating and reviewing emerging ideas, describing and identifying themes and creating a report.However, the researcher began with reviewing the transcripts in order to increase the familiarity into the data. Data was extracted after the second reading of the transcripts. Participants' voices were consistently interpreted and contrasted within the coding and analysis procedure. Subsequently, recognised codes were assembled into likely themes. Themes were then checked to evaluate how sound they worked jointly with the recognised codes. During the last procedure, every theme was confirmed and has been linked with a number of codes.

III. Result

Participants' personal profile

Seven registered nurses working from an Oncology Department were interviewed. Interviews lasted up to 35 minutes. Participants had different qualification levels: six nurses had Bachelor of Nursing degrees, and one nurse had a Masters degree. Participants had different amounts of work experience. Two nurses had between one to five years' experience, three had from six to 10 years' experience, while two nurses had between 11 to 15 years' experience (Table 4.2). Pseudonyms have been substituted for all the names rather than using their actual names.

Table 4.2: Demographic data

Variables	**No. participants (n = 7)**
Gender	
Female	7
Age (year)	
20-25	1
26-30	2
31-35	3
Above 35	1
Marital Status	
Single	1
Married	5
Divorced	1
Qualification	
Bachelor of Nursing	6

Master of Nursing	1
Year of experience	
1-5	2
6-10	3
11-15	2

Scoping the nursing role

Holistic approaches

Caring for the patient with Lung Cancer requires nurses to adopt a holistic approach in recognition of the complex multi-dimensional conceptualization that makes up human including the rational and irrational, physical, mental and the spiritual (Leary, White, &Yarnell, 2014). In addition to physical and medical care patients with Lung Cancer require, consideration should also be given to mental and social factors. As described in the literature review, the nursing team works within a broader multidisciplinary team in order meet the patients' treatment and management requirements.

The nurse's role involves holistic care that is not limited to providing treatment under the directions of the physician. The notion that a nurse plays a significant role in ensuring an improved quality of life was described by all participants:*we give psychological support, we tell the patient, don't worry, if you feel bad don't worry because we are here and we call the doctor. We explain everything, regarding the Lung, so they'll be happy. (Malak, L 27-33)*The expanded role of the multidisciplinary team was raised by several of the participants including the need for social workers who have an important role in addressing social and financial concerns. In relation to working with the multidisciplinary team, Mona indicated:

I think if we work together as one team the patient will improve. (Mona, L 100-101)

Emotional Support

"Pain" during treatment was identified as a main problem for patients receiving treatment for Lung Cancer, especially following chemotherapy (Serena et al., 2015). Pain is a major trigger of emotional distress for both the family and the patient as shown in the literature (Grant et al., 2013). From the findings, it is clear that pain is a multidimensional complex issue combining both chronic and acute pain for patients with Lung Cancer. As far as pain is concerned, Abeer clearly illustrated:

from my experience, Lung Cancer is more painful than other type of cancer, and patients with Lung Cancer have more pain and are suffering significantly. (Abeer, 17-25)

Similar findings are reported:

pain is the most, they are always complaining, we give them hourly morphine, most of them say I still have pain, 1 mg hourly or 2mg hourly. (Watin, L 30-32)

Emotional support was raised as an essential part of improving the quality of life of the patient experiencing severe pain in addition to the use of morphine. Abeer revealed that:

Psychological and physical pains, some patient need psychological support. They need to feel when they get the therapy they will be fine. (Abeer, L 83-86)

Despite the fact that the patient has family and distant relatives, it is evident that emotional support provided by the nurse is critical for patients with Lung Cancer. In some instances, relatives may be affected by the nihilism attributed to Cancer as a disease and therefore, may not be in the condition to inspire positivity and hope for the patient. As illustrated in the following: *The family is like flowers; they support most patients in life. For example, if patients complain, they will give what they need, if the patients want support of oxygen, there will be oxygen, you know, the family gives you a nice word; so if the family is not around, if the family is not cooperating, the patient would be sad. So the family is important. (Hanan, L 261-265)*

Nurses relationships with patients require the ability to facilitate an improvement to the quality of life of the patient. The family of the patient is also likely to experience emotional distress by observing their loved ones as a patient. Negative distress can cause harm to the Lung Cancer patient and thus, it is the role of the nurse to talk to the family to mitigate emotional distress. Reem confirmed that they involved the family in everything as demonstrated: *We need to explain everything with the family otherwise they're asking about the treatment but we cannot tell the treatment but we explain everything with the family. (Reem, L 119-121)*

Spiritual support

Spiritual support can be connected to instil a sense of hope for the patient. Hope has been highlighted as an integral factor in ensuring the improvement of the quality of life for the patient. On the other hand, a sense of hopelessness may affect the mental attitude of the patient towards the effectiveness of the disease and therefore, causing distress which negatively influences the progress of the disease (Petri &Berthelsen, 2015). Spiritual support, as illustrated by Malak, is meant to provide spiritual support and promote positivity and hope necessary for recovery from the disease. The spiritual support can be provided either by the members of the

Religion department who are willing to do so, the social worker, or the nurses who speak Arabic. She said:*Here in King Abdulaziz Hospital, there is a team working on talking to the patients after the end of praying in the mosque. we can't provide the spiritual support by the Arabic language very well, but we can help in distributing the small religious books. (Malak, L 123-127)*

In this case, language barriers come into perspective as some of the nurses are from different backgrounds. Abeer highlighted that spiritual therapy is utilised to provide psychological support. She said: *They give psychological support through Qura'n. (Aeer, L 2011)*

Hanan also confirmed that:*Yeah, because some of our patients will open surah of El Qur'an. Sometimes, may be, special patients need some psychological and emotional support. Sometimes they think that nobody cares for them, no attention is given to them, and they will feel such a bad feeling. But the situation differs when someone is talking with them about medication and about religion (Hanan, L 247-253)*

Spiritual support is possible when both the patient and the nurse come from the same culture or the same religion. It was highlighted by Abeer when she indicated: *it is easy to deal with the patients if we can understand each other and when we speak the same language.(Abeer, L104-107)*

Educational support

The findings indicate that there are two groups requiring education, so nurses need training on how to educate patients, and patients need education on their health status. From the interviews it was evident that education as part of the role of the nurse is vital. This is because many patients are not fully informed of the causes of their disease. Malak mentioned: *…we educate the patients about what they need to know for example their blood pressure and breathing difficulty also we inform the relative about that and they listen (Malak, L 132-134)*

According to most of the interviewees, the education process means working as one team to ensure optimal care towards patients with Lung Cancer. However, according to Reem, the multidisciplinary team is also involved in the education process of the patient, the social worker, doctors and the patient's educator. Normally, multidisciplinary are involved in the education process when a translator is required. From the literature this may be the multidisciplinary team required to ensure improved quality of life for the patient (Silbermann et al., 2013). As found in the data:

> *we educate the patient. But they also want to smoke only once. They tell they will stop smoking (Reem, L51-56)*

Nurses also play an excellent role when it comes to educating the families of patients. Education is meant to create awareness regarding how family members can provide the best care to the patient. Education comprises insights on correct medication times, diet, emotions, and sanitation among other things. Watin suggested that educating a patient's family is an important aspect of nursing patients with Lung Cancer. She mentioned that in regards to the nurses' ability to meet the needs of the patients, there is a significant need for the nurses to gain more knowledge on how also to educate the patients. Watin said:*To improve the nursing care, we need more education, knowledge and training programs. (Watin, L 159)*

The response of patients to nursing advice*Culture and gender*

The issue of culture can be vital in establishing the role and care given to patients by nurses. One of the respondents observed that patients respond much better to nurses of a similar culture to theirs. It is very much important that every nurse and physician makes an effort to adapt themselves with the culture of patients they are dealing with (Almutairi, McCarthy & Gardner, 2012). Mona confirmed that intercultural nursing is a key issue when it comes to dealing with patients who prefer to deal with a nurse from the same culture. Moreover, one of the participants highlighted that cultural differences play an important role when it comes to misunderstandings between nurses and patients. She said:

> *The communication is much better with the patients who speak the same language or have the same culture. (Mona, L 136-138)*

Occasionally, non-Arabic nurses might be working without Arabic nurses during a shift, so the nurses may need to call someone who speaks Arabic to explain something to a patient. This was observed by one of the nurses: *I think I will call my colleague in another department maybe they have Arab nurses so I will call them. Otherwise, we call the Saudi nurse from any other department to help us. (Reem, L 61-62)*

It is important to state that there were instances where male patients were not responsive to the advice of female nurses because they perceived these nurses as being of a different gender as well as different country. Hananemphasized:

> *It is very hard to deal with some male patients from the beginning; they shout; they throw everything. The male patients are not so cooperative because they are upset, they usually start the discussion with things like their lives will end soon. But for females, they usually accept their*

condition and say "Yeah, ok" with weak sound, they are bright minded. (Hanan, L 227-231).

Most of these patients are usually in pain and their response to advice from nurses is usually satisfactory. Palliative care is at times needed for effective response to nursing advice to be realised, this is especially true in cases where patients involved are elderly and in a lot of pain. Patients at times find it difficult to administer medication to them. Female patients do not discriminate in the care they give to any patient, that is nurses help patients regardless of their sex i.e. male or female. Wedad highlights that female patients are more distracted and can harbour more negative feelings compared to male patients. According to Wedad, this can be due to factors such as losing hair. For women, hair is highly valuable as it signifies outer beauty and thus, they end up wearing synthetic hair. As Malak clarified:

> *During chemotherapy, there is nothing painful, but after that, they totally change, in the body, we see weight loss too much and hair loss. I think females feel worse, and in othercountries, there is hair growing process, so they're asking " sister in your country there is something like that" (Malak, L 72-77*)

Nurses' practice

Nursing plays an essential role in providing the highest quality of care regardless of any circumstances i.e. Nurses need to carry themselves in a manner that is respectful; it is only through this that patients will respect them and what they have to say. Often interactions between nurses and patients may build a relationship among them. Wedad reveals that due to the extended stay by patients they may begin to feel like family members. She said:*They also feel that doctors and nurses are like family members because they come a lot. We need for everyone. (Wedad, L 87-88)*

It is vital that nurses show the emotional connection to their patients. As Abeer revealed, however, sometimes nurses cry when they are away from the patients to avoid any negative impact that this show of emotion may have on the patient. From the findings, the nurse is required to conduct themselves in a confident and calm manner. This approach ensures the patients receive appropriate care to alleviate any depression or suffering. Malak has reported:

> *As a nurse, we cannot show our negative feelings in front of the patients because the patients may feel bad. Some relatives come, and they also cry... in emotional support, we involve our hearts with the patient, and maybe we cry. (Malak, L 146-148)*

Barrier to the provision of optimal nursing care

Optimal nursing care revolves around the delivery of quality health care services by health professionals for the ultimate benefit of patients with Lung Cancer. The aim of quality nursing care is to ease pain and reduce patients' suffering. Barriers to the provision of optimal nursing care shows itself in the form of language barriers and ethical dilemmas.

Language barriers

Language barriers are a huge obstacle to the manner in which nurses and or caregivers communicate to patients with Lung Cancer. In the event that neither a nurse nor patient speaks the same language, then a process of a diagnosis becomes much more difficult. Wedad notes that a patient may not be able to express himself or herself regarding symptoms if language barriers exist. It would thus be a nurse's job to rely on a doctor's report and report any needs that come from the patient. For cases where there are no language barriers, nurses can easily provide psychological support to patients. Wedad reported that:

> *we're not Arabic speakers actually, but we are trying to communicate in Arabic. If it's difficult to do, we ask for the translator. (Wedad, L 98-99)*

For a nurse that does not speak the same language as a patient, giving advice becomes a very complicated issue. Abeer, for instance, is an expert nurse who interacts with patients continuously. She agreed that language barriers could cause a significant challenge especially when Saudi patients interact with foreign nurses. Some foreigners do not have a good command of Arabic as a language and in some instances a translator or a nurse that is well versed with English is required. For example, Mona used to call her brother Saleh (Saudi nursing aid) and due to this reason, she at times calls him to converse with patients. Whenever Saleh is not around, it becomes very much of a challenge to deal with patients from a different culture. This issue was clearly explained:*We have our colleague brother Saleh who teaches us in Arabic, sometimes we call him to come and talk to the patients. (Malak, L 112-113)*

Ethical dilemmas

During interviews, some nurses foresaw that they are facing difficulties, especially when the patient is in a critical status and the patient comes to ask them about his or her health condition. It is very hard to inform the patient about the condition especially with the language problems that they have. Nevertheless, they try to

talk to patients in a positive manner. Sometimes, the question comes from the family. It is also hard to talk about everything because nurses play a particular role. While this is the case, the nurses must ask the family to speak with the physician to be aware of what they need to know. Wedad indicates that she will ask the social worker officer to support and to encourage the family members while informing them of their patient's condition. Wedad Stated: *We're also supporting, we are calling the patient's family, we don't direct say he's dying we say he is tired " ta'ban" and say pray, pray, most of the family members know he's in a critical condition. we let them read the Quran and they pray. (Wedad, L 195-199)*

Another finding indicated: *We will inform the doctor, and he will talk to the patient and explain everything. (Reem, L 90-91)*

IV. Discussion

In this study, an interpretive description method was employed as it allowed for the incorporation of semi-structured and face-face interviews. The main findings of the study are that nurses are required to offer a high quality of care to the patients with Lung Cancer that includes emotional, spiritual, educational, and physical support. The four elements represent a holistic perspective of care that nurses provide to their patients. In essence, these dimensions of care point to a need for a multidimensional approach towards the care of patients with Lung Cancer since they incorporate other stakeholders. Stakeholders include relatives to patients (caregivers), government, and social workers. A holistic approach is required while taking care of patients with Lung Cancer as well as their family members. Nurses are considered at the centre of these efforts given they have the ability to communicate with all stakeholders. Patient care is not limited to treatment, but also extends to the provision of physical, mental, financial and spiritual support. Nurses may not be able to offer all the highlighted elements if other stakeholders do not comply with them in the care of the patients. For instance, whereas a nurse may link up a patient with a social worker to help them access government support in the KSA, family members are obliged to follow up and ensure that a patient obtains maximum help. This example highlights the emerging roles of nurses in the care of patients. Patients with Lung Cancer without insurance are likely to face difficult economic times given the high cost of treatment. If the high costs are associated with other financial demands from a patient's dependents, this means that their quality of life might be affected negatively. As one of the interviewees noted, such instances emphasise the need for 'multiplicity of stakeholders' in taking care of patients with cancer. The roles of nurses are gradually evolving and placing them in a strategic position, whereby they can coordinate all stakeholders to ensure the highest quality of care. From a social perspective the results revealed that nurses routinely seek the help of Saudi speaking social workers to eliminate language barriers. This allows them to communicate with patients to offer them psychological support. This inter-professional support is important as it assists patients to understand the details of the disease and medical treatment plan. This knowledge may alleviate avoidable stress. Similarly, multidisciplinary teams may be called to fulfil the spiritual needs of a patient with Lung Cancer, thereby help them cope with their condition. The presented examples from the interviews with the nurses in the KSA emphasise the emerging role of a nurse as a coordinator in a multi-stakeholder environment. This may ensure that patients with lung receive a high quality of care.

V. Limitations Of The Study

The study was conducted in the KSA, which has a different culture compared to those found in Western countries. As a result, this may affect the transferability of some of the research findings. For instance, concerning culture, some Saudi male patients look at foreigner female nurses as different, whereas in Western nations, they are deemed to have similar capabilities to their male counterparts. However, from a broader perspective, the research findings contribute to the growing scholarly literature that focuses on the emerging roles of nurses in the care of patients. In contrast to the context specific findings on cultural issues, all other findings can be transferred to other contexts globally especially those touching on emotional, educational, and spiritual support.

VI. Conclusion

Lung Cancer continues to be a leading cause of death for men and the second leading cause of death for women. With these worrying statistics, it is of interest to any health care professional to understand what is being/can (be) done to reverse this growing trend. This study has focused on exploring the emerging roles of nurses in caring for patients who have Lung Cancer. An interpretive description qualitative research design was used to conduct semi-structured, face-to-face interviews with the participants. The research findings revealed that indeed nurses undertook various roles from a holistic viewaimed at the improvement of care to patients with Lung Cancer. The emerging role of nurses in the KSA has seen measures to ensure that patients received emotional, spiritual, educational and physical support. Emotionally, nurses focused on helping patients to promote optimism and feelings of greater comfort with their conditions.

VII. Implications Of The Research FindingsAnd Recommendations

This study was conducted at the oncology unit in King King AbdulAzizHospital. The findings would be beneficial in supporting evidence-based practice in the KSA, and Middle Eastern countries with similar cultural and geographical contexts. The study has wide-ranging implications on the nursing profession. Importantly, whereas the study presents result that are consistent with existing literature, there are some significant differences. The study is a first in the Saudi Arabian context given previous studies have been overtly focused on Western countries or at the Middle East at large. Thereby, it is recommended to conduct further studies in relation to the emerging role of nursing for patients with Lung Cancer in this context. The implications of this study for practice can be validly applied by considering the findings that explain the nurses' level of awareness, attitudes and beliefs regarding patients with Lung Cancer. Similarly, the results can be used by nurses to set plans for enhancing their knowledge as well as gaining positive attitudes. Thereby, nurses will be motivated to join educational programmes that are concentrating on providing knowledge and skills relevant to nursing care management, particularly for patients with Cancer patients. Nurses can use the study outcomes in their regular meetings with the multidisciplinary team, as evidence to utilise beneficial results that aim at increasing the quality of nursing care towards patients experiencing Lung Cancer.

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Conflict Of Interest

The study was conducted without the involvement of a sponsor. The authors declare that there is no conflict of interest.

References

[1]. Al-Amri, A.M. (2010). Saudi cancer patients' attitudes towards disclosure of cancerinformation. *Middle East Journal of Cancer*, 1(4), 175-180.
[2]. Aldossary, A., While, A. &Barriball, L. (2008). Health care and nursing in Saudi Arabia. *International Nursing Review*, *55*(1), 125–128
[3]. Al-Homayan, A. M., Shamsudin, F. M. &Subramaniam, C. (2013). Analysis of health care system-resources and nursing sector in Saudi Arabia. *Advances in Environmental Biology, 7*(9), 2584–2592.
[4]. Almalki, M., Fitzgerald, G. & Clark, M. (2011). Health care system in Saudi Arabia: An overview. *Eastern Mediterranean Health Journal*, *17*(10), 784–793.
[5]. American Cancer Society: Global Cancer Facts and Figures (ed 3). Atlanta, GA, American Cancer Society, 2015.
[6]. Braun, V. & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed.), *The Handbook of Research Methods in Psychology*. 57-71, Washington, DC: American Psychological Association.
[7]. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. doi:10.1191/1478088706qp063oa
[8]. Broussard, L. (2006). Understanding qualitative research: A school nurse perspective. *The in Journal of School Nursing*, *22*(4), 212–218
[9]. Borneman, T., Piper, B., Koczywas, M., Munevar, C., Sun, V., Uman, G., & Ferrell, B. (2012). A qualitative analysis of cancer-relate fatigue in ambulatory oncology. *Clinical Journal of Oncology Nursing*, *16*(1): E26-E32.
[10]. Dickerson, S., Sabbah, E., Ziegler, P., Chen, H., Steinbrenner, L., & Dean, G. (2012). The experience of a diagnosis of advanced lung cancer: sleep is not a priority when living my life. *Oncology Nursing Forum*, *39*(5): 492-499.
[11]. Cope, D. G. (2014, January). Methods and meanings: credibility and trustworthiness of qualitative research. In *Oncology nursing forum*, 41(1), 89-91.
[12]. Eustache, C., Jibb, E., & Grossman, M. (2014). Exploring hope and healing in patients living with advanced non-small cell lung cancer. *Oncology Nursing Forum*, *41*(5): 497-508.
[13]. Ferlay, J., Soerjomataram, I.I., Dikshit, R., Eser, S., Mathers, C., Rebelo, M., et al., 2014. Cancer incidence and mortality worldwide: sources, methods and major patterns in Globocan 2012. *International Journal of Cancer*. http://dx.doi.org/10.1002/ijc.29210.
[14]. Gately, D., Al-Yousef, N. & Al-Sheikh, H. M. (2012). The rapid growth of domestic oil consumption in Saudi Arabia and the opportunity cost of oil exports foregone. *Energy Policy*, *47*, 57–68.
[15]. Grant, M., Sun, V., Fujinami, R., Sidhu, R., Otis-Green, S., Juarez, G., Klein, L., & Ferrell, B. (2013). Family caregiver burden, skills preparedness, and quality of life in non-
[16]. small cell lung cancer. *Oncology Nursing Forum*, *40*(4): 337-346.
[17]. Hanks, G., Cherny, N. I., Christakis, N. A., Fallon, M., Kassa, S. &Portenoy, R. K. (2011). Oxford textbook of palliative medicine. *Family Medicine*, *43* (2), 131.
[18]. Halligan, P. (2006). Caring for patients of Islamic denomination: Critical care nurses'experiences in Saudi Arabia. *Journal of Clinical Nursing*, 15(12), 1565–1573.
[19]. Hermann, C., & Looney, S. (2011). Determinants of quality of life in patients near the end of life: a longitudinal perspective. *Oncology Nursing Forum*, *38*(1): 23-31.
[20]. Jemal, A., Bray, F., Center, M. M., Ferlay, J., Ward, E. & Forman, D. (2011). Global cancer statistics. *CA: A Cancer Journal for Clinicians*, *61*(2), 69–90.
[21]. King AbdulAziz Hospital. History and Overview. (2015). Retrieved from http://www.kaahj.sa/home/index.php/2012-02-15-17-57-18/2012-02-15-17-57-50
[22]. Lehto, R. (2011). Identifying primary concerns in patients newly diagnosed with lung cancer. *Oncology Nursing Forum*, *38*(4): 440-447.

[23]. Ministry of Health. (2011). *Health statistical year book 2011*. Retrieved 6 March 2013 from http://www.moh.gov.sa/Ministry/Statistics/Book/Pages/default.aspx
[24]. Ministry of Labour. (2013). *Annual Report*. Retrieved 22 October 2013 from
[25]. Morgan, D. L. (1997). *Focus groups as qualitative research* (Vol. 16). Thousand Oaks, CA: Sage Publications.
[26]. Missel, M., Pedersen, J., Hendriksen, C., Tewes, M., &Adamsen, L. (2015). Diagnosis as the first critical point in the treatment trajectory: an exploration of operable lung cancer patients' lived experiences. *Cancer Nursing*, *38*(6): E12-E21.
[27]. Spichiger, E., Rieder, E., Müller-Fröhlich, C., & Kesselring, A. (2012b). Fatigue in patients undergoing chemotherapy, their self-care and the role of health professionals: A qualitative study. *European Journal of Oncology Nursing*, *16*(2), 165–171. doi:10.1016/j.ejon.2011.05.002
[28]. Thorne, S., Kirkham, S. R., &O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods*, *3*(1), 1–11.
[29]. Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.
[30]. Tishelman, C., Petersson, L.-M., Degner, L. F., & Sprangers, M. A. G. (2007). Symptom prevalence, intensity, and distress in patients with inoperable lung cancer in relation to time of death. *Journal of Clinical Oncology*, *25*(34), 5381–5389. doi:10.1200/jco.2006.08.7874
[31]. Tod, A., Redman, J., McDonnell, A., Borthwick, D., & White, J. (2015). Lung cancer treatment rates and the role of the lung cancer nurse specialist: a qualitative study. *BMJ Open*, *5*(12): e008587.
[32]. Tran, K., Delicaet, K., Tang, T., Ashley, L. B., Morra, D., & Abrams, H. (2014). Perceptions of lung cancer and potential impacts on funding and patient care: A qualitative study. *Journal of Cancer Education*, *30*(1), 62–67. doi:10.1007/s13187-014-0677-z
[33]. Travis, W. D., Brambilla, E., &Riely, G. J. (2013). New pathologic classification of lung cancer: Relevance for clinical practice and clinical trials. *Journal of Clinical Oncology*, *31*(8), 992–1001. doi:10.1200/jco.2012.46.9270
[34]. World Health Organization (2014). *Global Health Observatory Data Repository*. Retrieved 12 May 2014 from: http://apps.who.int/gho/data/node.main.623
[35]. Yildirim, Y. K., Cicek, F. &Uyar, M. (2008). Knowledge and attitudes of Turkish oncology nurses about cancer pain management. *Pain Management Nursing*, *9*(1), 17–25.
[36]. Younge, D., Moreau, P., Ezzat, A., & Grey, A. (1997). Communicating with cancerpatients in Saudi Arabia. Annals New York Academy of Sciences, 809, 309-313.
[37]. Zabora, J., BrintzenhofeSzoc, K., Curbow, B., Hooker, C., &Piantadosi, S. (2001). Theprevalence of psychological distress by cancer site. *Psycho-Oncology*, *10*(1), 19–28.doi:10.1002/1099-1611(200101/02)10:1<19::aid-pon501>3.3.co;2-y

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